

TRANSMITTAL FORM

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Filing Date	January 22, 2007
First Named Inventor	Jim HUNTER, et al.
Group Art Unit	2872
Examiner Name	Alessandro V. Amari
Attorney Docket No.	CYPR-0018-CP2
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time (1 month) with \$120.00 fee <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) <input checked="" type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences with \$510.00 fee <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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CORRESPONDENCE ADDRESS

Direct all correspondence to:

Jagtiani + Gutttag, LLLP
 10363-A Democracy Lane
 Fairfax, VA 22030
 Tel. No.: (703) 591-2664
 Fax No.: (703) 591-5907
 CUSTOMER NO: 22506

SIGNATURE BLOCK

Respectfully submitted,

Date: October 25, 2007
 Reg. No.: 30,073
 Tel. No.: (703) 591-8664
 Fax No.: (703) 591-5907
/Steven B. Kelber/
 Steven B. Kelber
 Attorney for the Applicant
 Jagtiani + Gutttag, LLLP
 10363-A Democracy Lane
 Fairfax, VA 22030